Practitioner's Docket No. 47,964 (904)
PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: M. Yamahara, et al.
Application No.:   08/997,219   Group No.: 2871
Filed: 12/23/97   Examiner: Parker, K.
For: LIQUID CRYSTAL DISPLAY DEVICE INCLUDING A PHASE DIFFERENCE PLATE FOR IMPROVING VIEWING ANGLE DEPENDENCE (AS AMENDED)

Assistant Commissioner for Patents
Washington, D.C. 20231

AMENDMENT TRANSMITTAL

1.   Transmitted herewith is an Amendment for this application.

STATUS

2.   Applicant is other than a small entity.

EXTENSION OF TERM

3.   The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. 1.8(a))

I hereby certify that, on the date shown below, this correspondence is being:

MAILING	FACSIMILE
☒ deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.	☐ transmitted by facsimile to the Patent and Trademark Office.

Date: June 20, 2000

Signature

Donna M. Tomaso
(type or print name of person certifying)

FEE FOR CLAIMS

4.   The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col.1) Claims Remaining After Amendment		(Col. 2) Highest No. Previously Paid For	(Col. 3) Present Extra	OTHER THAN A SMALL ENTITY	
					Rate	Addit. Fee
Total	30	Minus	30	= 0	x $0 =	$0
Indep.	4	Minus	4	= 0	x $0 =	$0
First Presentation of Multiple Dependent Claim					+ $0 =	$0
				Total Addit. Fee		$0

*   If the entry in Col. 1 is less than the entry in Col. 2, write "O" in Col. 3,
**   If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 1) is less than 20, enter "20".
***   If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 2) is less than 3, enter "3".
        The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a
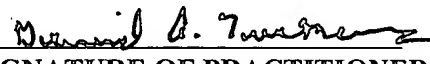   prior amendment or the number of claims originally filed.

<div align="center">

Total additional fee for claims required $0

FEE DEFICIENCY

</div>

5.   If any additional extension and/or fee is required, charge Account No. 04-1105.
       If any additional fee for claims is required, charge Account No. 04-1105.

_____
SIGNATURE OF PRACTITIONER
David A. Tucker (Reg. No. 27,840)

Tel. No.: (617) 523-3400

DIKE, BRONSTEIN, ROBERTS &
CUSHMAN, LLP
130 Water Street

Customer No.: 21874

Boston, MA 02109

139292